



Missouri Pharmacy Program – Preferred Drug List



Intravaginal Antibiotics

Effective 06/16/2009

Revised 10/02/2014

Preferred Agents

- Metronidazole Vaginal Gel
- Vandazole™
- Clindamycin Vaginal Cream

Non-Preferred Agents

- Cleocin® Vaginal Cream/Ovules
- MetroGel® Vaginal Cream
- Clindesse®
- Clindamax®

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial on 2 preferred agents <ul style="list-style-type: none">○ Documented trial period for preferred agents○ Documented ADE/ADR to preferred agents	Lack of adequate trial on required preferred agents
Documented compliance on current therapy regimen	Therapy will be denied if no approval criteria are met
	Drug Prior Authorization Hotline: (800) 392-8030